

# The Weight Control Program

**Elena Marie Ramirez, PhD PLC**

595 Dorset Street, Suite 2 South Burlington, VT 05403  
(802) 651-8999 ext 2 www.therapyvermont.com

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Dear Applicant:

Thank you for your interest in The Weight Control Program. The information and application packet is enclosed. Here is the schedule of upcoming 18 week groups. Please check which of these you can attend in order of preference.

\_\_\_\_\_ **Mondays June 28, 2010-November 8, 2010 5:30-7:00PM**

**(No group meeting on August 2 and September 6)**

\_\_\_\_\_ **Mondays September 13, 2010-January 24, 2011 7:00-8:30PM**

**(No group meeting on December 20 and December 27)**

\_\_\_\_\_ **Mondays November 15, 2010-April 11, 2011 5:30-7:00PM**

**(No group meeting on December 20, December 27, February 14, and February 28)**

\_\_\_\_\_ **Mondays January 24, 2010-June 13, 2011 5:30-7:00PM**

**(No group meeting on February 14, April 25, and May 30)**

If there is not a class scheduled at a time that suits your needs, fill out the application and send it in. We can then contact you when new groups are starting and hopefully one of those will work for you. Our groups do fill quickly so please send your application as soon as possible. If your choice is not available, we will offer you the next available group.

\_\_\_\_\_ your name

Good luck and I look forward to working with you!

Sincerely,

Elena Marie Ramirez, PhD PLC

Licensed Psychologist-Doctorate

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Dear Applicant:

We invite you to participate in The Weight Control Program, a program that is designed to help you to lose weight and become more physically fit. This is the only professionally led program in Vermont that incorporates both behavioral and nutritional counseling.

What is the Weight Control Program? This program is for adults who are serious about wanting to lose weight and who are willing to make the changes in behavior and lifestyle that are required for lasting weight control. In addition to losing weight, other goals of the program include: self-management skills for healthy eating and exercise habits, not letting weight interfere with activities or self-esteem, not giving-up on weight control, learning more effective stress management skills, and dealing with issues that underlie being overweight. We acknowledge that most people have a lot of knowledge about changes they should be making, but struggle with implementing those changes consistently due to a variety of obstacles. Specific problems often associated with overweight can be addressed here, including emotional and binge-eating, body image problems, stress and overeating, negative attitudes about exercise, and hopelessness or anger about having to lose weight.

How does the program work? The program is conducted with a group of about 15-17 members and a psychologist and dietician as group leaders. Meetings are an hour and a half weekly for 18 consecutive weeks. Not a drop-in program, participants stay with the same group of people throughout.

During the meetings, the leaders lecture and work with the group as a whole, but also work individually with participants to help them solve their problems. In-between the meetings you keep a diary of all eating and physical activity. When you come to the meeting, you weigh yourself and keep a chart of your weight and exercise time. In the group you are expected to speak about your progress or any trouble you are having with changing eating or exercise. We understand that on occasion a person may need to miss a meeting for an important reason. However, we expect participants to commit themselves to their weight control by making their weekly meeting a top priority. People who succeed in our program regularly attend meetings and do their homework.

What is the philosophy of the program? We do not prescribe a diet or specific exercise program. Participants are the ones in control to develop solutions that fit with their lifestyles, so long as those solutions produce weight loss and healthy behavior and are realistic to continue indefinitely. We have high expectations for eating healthy and exercise. We believe that eliminating poor food choices and increasing healthy ones reduces risk for serious illness. That being said, we also recognize that learning to moderate, as opposed to totally eliminating, certain foods is the most realistic approach. We will teach you how to incorporate "forbidden foods" into your diet in a controlled manner without compromising your health and/or your weight. We believe that long-term weight control is only possible if a person spends a lot of time being physically active. We believe that changing behavior is psychologically complex and that time is better spent learning how to control oneself in the

present, rather than to dwell on experiences that might have created bad habits in the beginning.

We strongly emphasize that long term weight control is a focus of this program. We know that continued accountability is absolutely necessary in order for people to successfully manage their weight for the rest of their lives. Thus we offer free monthly follow-up meetings for anybody who has completed the program, as well as more focused "alumni" groups several times per year. Alumni are also invited to repeat the full eighteen week course at any time. We would like to encourage you to think of this as joining a program (not just a time limited group) that you can use more or less frequently depending on your needs. This approach allows you to access support at any time and catch those inevitable lapses before they threaten your weight control.

What is the learning process? You learn up-to-date scientifically based information on food, exercise, and psychological issues. You learn to use techniques of behavior therapy and behavior modification to gradually change unwanted habits. You learn to stay motivated by developing helpful attitudes and self-management skills. Finally, one of the strongest points of this program is that you learn from other people in the group who typically offer a lot of ideas and emotional support and social pressure to do your best.

Many people in need of weight control have trouble taking care of their health, procrastinate on health behavior change, have mixed feelings about having to change, and have a history of giving-up after a short weight control attempt. If we accept you into this program, we assume you are serious about improving your health. We will hold you accountable for your behavior and will do anything we can to help you stay committed to change.

What happens after the program? As mentioned previously, a follow-up program is offered free of charge to all graduates of our program. Meetings are the first Thursday of each month from 5:30 to 6:30 pm. Some graduates attend regularly and others appear months after finishing the program for some extra help when they've slipped. As continued support following weight management programs has been shown to be an important factor in maintaining weight loss, participation in the follow-up program is strongly encouraged.

How is this program different from other weight reduction programs? At present there is no other professional control program in Vermont that uses a group approach with a combination of psychology and nutrition. In general, regular weight loss programs and The Weight Control Program both help people to lose weight. But there are some important differences. This is not strictly a weight loss program. It's a behavior change program. This is not a temporary "diet". It's a style of living that you can live with after the program ends. This is not a quick weight loss program. It's designed to lose weight gradually, without unrealistic restrictions. The leaders of this program are health professionals with scientific expertise, not lay persons or business persons. When needed, the leaders of this program work together with your primary physician to help you overcome health problems. Other programs are businesses that are not integrated with your healthcare. Consistent with the research on weight control and exercise, we encourage a high level of physical activity. Other programs are weak on motivating people to engage in exercise and focus too much on "dieting". This program starts and ends with the same group of participants, not a steady stream of different people who come in and out of the program. The meetings are in a group, but the leaders care about participants as individuals.

What are our results? Compared to national trends in weight control, The Weight Control Program has excellent results, and with the exception of obesity surgery, it is the most effective approach to weight control. Research is ongoing and is used to measure treatment outcome and continually confirm the above statement.

Am I eligible? To participate, you must have some weight to lose. This program is appropriate for people who have a body mass index (BMI) of 25 or more. (Your BMI can be calculated by taking your current weight in pounds, multiplying it by 700, dividing this number by your height in inches, and then dividing this number again by height in inches.)

If your weight is below but close to this cutoff, we may be able to accept you if you have mental or physical health problems associated with your weight, if your current weight puts you at risk for these problems, and/or if you are regaining weight. Please call and we can discuss if this group would be appropriate for you. In addition, you would have to agree to the conditions listed under "Agreement" at the end of the application.

How much does it cost? The full cost of this program is \$830.00, which includes the \$110 application fee and a \$40 charge for each of the 18 sessions. These charges cover the cost of the both the psychologist and the dietician, and a consulting exercise physiologist. You will be required to pay your total expenses for the program with the initial application fee of \$110, and then two payments of \$360 each. We ask that you send in your initial deposit of \$110 with your application, which is non-refundable three weeks before the start of the program. The first payment is due two weeks before the beginning of your scheduled group and the second payment will be due at the fifth session. These payments are not refundable after they have been paid even if you drop out of the program or miss a session. However, if you decide to drop out of the group after the first session, then your payment will be refunded minus the charge for that session and the \$110 initial deposit. There will be no refund after that date. Remember, the follow-up program is free once you have fully completed the 18 week program. **Please note: Insurance does not cover behavioral weight control treatment.**

How do I apply? Complete the application, including the two-day eating/exercise record and the application fee of \$110. **Please note: Your application cannot be processed without this deposit.** You can send your application with the physician form or have that sent separately. We don't need the physician form to begin considering your application. The sooner you return the application materials, the sooner we can give you an answer and schedule you to begin a group. If you have any questions about The Weight Control Program or your application, I would be happy to speak with you. My phone number is (802) 651-8999 ext 2 and my email is [eramirez@therapyvermont.com](mailto:eramirez@therapyvermont.com).

Sincerely,  
Elena Marie Ramirez, PhD PLC  
Licensed Psychologist-Doctorate

Mail the application and your \$110 deposit (checks payable to Elena Ramirez, Ph.D.) to:

Elena Marie Ramirez, Ph.D.  
595 Dorset Street, Suite 2  
South Burlington, VT 05403

**Elena M. Ramirez, Ph.D. is a Licensed Psychologist-Doctorate who works with people to help them change behaviors that will improve their emotional and physical health. Her specialties are weight control, eating disorders and body image. She is recognized as a Health Service Provider in Psychology by The Council for the National Register of Health Service Providers in Psychology.**

# The Weight Control Program

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## APPLICATION TO PARTICIPATE (This information is confidential)

date \_\_\_\_\_

Name \_\_\_\_\_

Address & Zip \_\_\_\_\_ Hm tel \_\_\_\_\_

Wk tel \_\_\_\_\_

Cell # \_\_\_\_\_

Emergency contact (name & telephone)

\_\_\_\_\_

Your Email (s) \_\_\_\_\_

age: \_\_\_\_\_ birth date \_\_\_\_\_ sex (circle): male female

marital status (circle): single married living with partner divorced widowed

ages of children at home \_\_\_\_\_ not living at home \_\_\_\_\_

who else do you live with \_\_\_\_\_

education (check one): (a) less than high school (grade completed) \_\_\_\_\_ (b) high school graduate (c) some college (how many yrs) \_\_\_\_\_ (d) 2-yr college degree (e) college bachelors degree (f) graduate education (how many yrs, what degree) \_\_\_\_\_

occupation/job title & employer

\_\_\_\_\_

If unemployed: state why including type of disability if relevant and give last job and dates

\_\_\_\_\_

Who referred you to our program?

\_\_\_\_\_

Your Primary Care Provider

\_\_\_\_\_

weight (don't guess, weigh yourself if possible) \_\_\_\_\_ height \_\_\_\_\_

What is the most \_\_\_\_\_ and the least \_\_\_\_\_ you have weighed as an adult?

When were you overweight? (check all that apply) young child \_\_\_ pre-teen \_\_\_ teenager  
\_\_\_\_\_  
young adult \_\_\_ adult \_\_\_\_\_

Have you ever tried to lose weight? How long ago was the last time you stuck with a weight loss plan and lost a good amount of weight? Number of years or months (for example, 2½ years ago) \_\_\_\_\_

Why do you want to lose weight at the present time? Give some specific reasons or benefits that you expect.

What type of help do you need?

Do you have any concern about participating in this program or in a group? What might be difficult about trying to lose weight at the present time?

#### HEALTH

Please list all medications

for what problem?

Check any of these health problems that you may have

3

high blood fats (cholesterol, triglycerides)\_\_\_\_  
high blood pressure \_\_\_\_  
diabetes (high blood sugar) \_\_\_\_  
gout \_\_\_\_  
arthritis \_\_\_\_  
history of stroke, heart attack, or diabetes in your mother or father \_\_\_\_  
heart attack \_\_\_\_  
chest pain when exercising \_\_\_\_  
irregular heart beat \_\_\_\_  
respiratory disease (specify) \_\_\_\_\_  
thyroid disease \_\_\_\_  
cancer (specify) \_\_\_\_\_  
swelling of legs or ankles \_\_\_\_  
excess snoring, difficult breathing during sleep \_\_\_\_  
sleep apnea \_\_\_\_  
currently pregnant \_\_\_\_  
currently breast feeding \_\_\_\_  
chronic pain or limited movement (check which areas): back \_\_\_\_ neck \_\_\_\_ knees \_\_\_\_  
hips \_\_\_\_ wrists \_\_\_\_ hands \_\_\_\_ shoulders \_\_\_\_ elbows \_\_\_\_ feet \_\_\_\_

Use this space to add details you wish about your health problems or other problems not listed

#### EATING, BEHAVIOR, ATTITUDES, MOODS

Check all that apply to you

overeate under stress \_\_\_\_  
negative moods such as depression trigger overeating \_\_\_\_  
at times feel out of control when eating \_\_\_\_  
eat trigger foods that cause me to overeat \_\_\_\_ (which foods \_\_\_\_\_)  
go on eating binges (unusually large amount of food at one time) \_\_\_\_ (how often per month \_\_\_\_\_)  
eat too often when I'm not hungry \_\_\_\_  
vomit or use laxatives to control weight \_\_\_\_  
self-conscious eating in front of other people\_\_\_\_  
feel too guilty or preoccupied with eating and weight\_\_\_\_  
used to have an eating disorder (what type \_\_\_\_\_)  
  
feel embarrassed to exercise in front of other people \_\_\_\_  
give-up on exercise because I feel awkward or weird trying to be physical \_\_\_\_  
hate to sweat when I exercise \_\_\_\_  
worry about causing a heart attack when I exercise \_\_\_\_  
preoccupied with how bad I feel when I exercise \_\_\_\_  
feel hopeless about losing weight or dealing with health problems \_\_\_\_

can't seem to follow my doctor's advice to improve my health behavior \_\_\_\_  
 want to lose weight, but think it's too hard to do myself \_\_\_\_  
 can't motivate myself to change my health habits \_\_\_\_  
 give-up on dealing with my health when I feel frustrated \_\_\_\_  
 have trouble making myself and my health a priority \_\_\_\_  
 have trouble finding time in my schedule to exercise and take care of myself \_\_\_\_

my appearance has a negative effect on feelings about myself or relationships \_\_\_\_  
 avoid situations because of my appearance; try to hide my body \_\_\_\_  
 my self-esteem is low because of my overweight or ill-health \_\_\_\_  
 get too much negative feedback from my family or other people about my weight \_\_\_\_

feel guilty because I can't participate in family activities or responsibilities as I should \_\_\_\_  
 have a hard time being a good parent or grandparent because of my overweight \_\_\_\_  
 worry about health problems \_\_\_\_  
 worry that I might become disabled or a burden to other people \_\_\_\_  
 worry that I might die prematurely \_\_\_\_

don't know how to eat healthy \_\_\_\_  
 need ideas to prepare meals that will help me control my weight \_\_\_\_  
 don't know how to add exercise to my life \_\_\_\_  
 need ideas to tailor exercise to my physical health limitations \_\_\_\_

trouble with depressed moods \_\_\_\_  
 thoughts of suicide \_\_\_\_  
 trouble being too irritable or angry \_\_\_\_  
 physical fights or violent behavior \_\_\_\_  
 trouble being too worried or nervous \_\_\_\_  
 too shy with other people \_\_\_\_  
 too much life stress \_\_\_\_  
 how much alcohol do you drink each week? beers \_\_\_\_ glasses of wine \_\_\_\_ liquor  
 \_\_\_\_\_

drink too much or use drugs that aren't prescribed \_\_\_\_  
 marital problems or problems with my partner \_\_\_\_  
 children with behavior or learning problems \_\_\_\_  
 children with serious health problems \_\_\_\_  
 currently in counseling or psychotherapy (specify what problem  
 \_\_\_\_\_)  
 have been in the hospital for depression, mental health or substance abuse problems \_\_\_\_

smoke cigarettes \_\_\_\_  
 need assistance with self-care (bathing, showering, dressing, or toileting) \_\_\_\_  
 have trouble doing housework (cleaning, vacuuming, laundry) \_\_\_\_  
 limited in doing outside chores (shoveling, raking, gardening, cleaning car) \_\_\_\_  
 difficulty driving \_\_\_\_  
 do not participate in regular exercise or physical outdoor activities \_\_\_\_

rarely leave the house \_\_\_\_

difficulty shopping and running errands in public \_\_\_\_  
 difficulty with ordinary lifting or carrying (e.g. laundry, grocery bags) \_\_\_\_

Use this space to add details you wish about any personal problems not listed

### INSTRUCTIONS FOR THE EATING/EXERCISE DIARY

Keep an eating and exercise diary for two days using the next two pages. You may start today if you can remember everything that you have eaten so far. Do not try to remember for both days. Keep the information as the day goes on. It's better to keep two days in a row, rather than days apart from each other. Write everything that you eat or drink, including small bites of food or candy. Try to keep the two days as typical as possible. Do not feel like you must change your eating or exercise in any way. We want to see your normal pattern.

Write the amount of food and what ingredients. Here are some examples:

Lunch	<b>1 large glass 2% milk roast beef sandwich, swiss cheese, tomato, lettuce, roll &amp; light mayo 1 small apple</b>
Afternoon snack	<b>handful of tortilla chips 5 Oreo cookies</b>

If you know how to measure food, put the exact amount. For example:

Lunch	<b>12oz 2% milk 3 oz hamburger 1 tbl mayo</b>
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Write any exercise you did and how much time. Only list exercise activities, not activity at work, house chores, or shopping. For example:

first exercise	second exercise	third exercise
<b>bike ride 20 mins</b>	<b>walk 14 min</b>	<b>yoga 45 min</b>

We understand it might not be easy to record this information, but it is very useful. Thank you for your cooperation.

Date \_\_\_\_\_ First Day

MEAL	TYPE & AMOUNT OF FOOD & DRINK
Breakfast	
Morning snack	
Lunch	
Afternoon snack	
Dinner	
Evening snack	

list the type of exercise that you did today, if any, and number of minutes exercising

first exercise	second exercise	third exercise

MEAL	TYPE & AMOUNT OF FOOD & DRINK
Breakfast	
Morning snack	
Lunch	
Afternoon snack	
Dinner	
Evening snack	

list the type of exercise that you did today, if any, and number of minutes exercising

first exercise	second exercise	third exercise

# AGREEMENT

1. If I am accepted into The Weight Control Program, I agree to attend all the meetings except for excused absences.
2. I agree to do all my homework and put my best effort into following the program and changing my behavior.
3. If appropriate, I agree to come to a meeting before making a final decision to drop out of the program.
4. I understand participating in the program involves psychological and nutritional counseling to change my eating and exercise in order to lose weight and improve my physical fitness and counseling for related personal attitudes and behaviors.
5. I give permission to The Weight Control Program to send information about my weight loss or participation in the program to my primary care provider and any other health provider that I designate here:
6. Your primary care provider \_\_\_\_\_
7. Other provider I'd like my results sent to \_\_\_\_\_
8. I agree to participate in a brief telephone survey by the Weight Control Program after I graduate to answer questions about my weight and status of my weight control effort.
9. If I participate in this program, I agree to pay for the program in full as delineated in the application.

Your name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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(Please give to your provider's office)  
MEDICAL AUTHORIZATION FOR WEIGHT REDUCTION

Your patient, \_\_\_\_\_ date of birth \_\_\_\_\_, would like to participate in The Weight Control Program, an 18 week group program led by a psychologist and dietitian. The program teaches people to gradually lose weight with a modest calorie reduction, healthy food choices, and increases in physical activity up to seven hours per week or more. Participants are not prescribed a "diet", rather they develop their own solutions to changes in their lifestyle that produce weight loss and are realistic. Graduates of the program average a 25 lb weight loss by the end of the program. Graduates are strongly encouraged to attend free monthly maintenance sessions after the program is over to maintain healthy habits and weight loss.

## **please initial for medical clearance**

\_\_\_\_\_ **It is medically appropriate** for this patient to lose weight.

\_\_\_\_\_ **It is medically appropriate** for this patient to increase exercise.

## **Any restrictions on exercise or weight reduction?**

name of provider: \_\_\_\_\_

signature: \_\_\_\_\_ date \_\_\_\_\_

Thank you very much.

Elena Marie Ramirez, PhD PLC  
Licensed Psychologist-Doctorate

please return this to: Elena Marie Ramirez, Ph.D.  
595 Dorset Street, Suite 2  
South Burlington, VT 05403  
or confidential fax 651-8997